

Declaration Per USC 37 §1.132 and §1.68

I, Charlene Boehm, the inventor of the method submitted to the U.S. Patent Office under assigned application number 09/780,901, do hereby make the following declaration regarding the following case studies submitted to the USPTO in this communication dated June 11 2005, such case studies demonstrating results of use of the aforementioned method.

I hereby declare that the statements in the case studies made of my own knowledge are true; and that all statements made on information and belief are likewise believed to be true.

I further declare that I am fully aware that any willful false statements or untruths, if they were to be included in the aforementioned case studies, are punishable by fine or imprisonment or both (per 18 USC 1001), and that such false statements could jeopardize the validity of the application or any patent issuing thereon.

Signed and dated

Charlene A. Boehm June 11, 2005

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June 11, 2005

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Case study results using the frequency determination method in this application

The applicant submits the following case results as evidence of efficacy, predictability and repeatability of the method under consideration.

Example 1.

A healthy and physically active 40-year old man diagnosed by physicians with a case of Barmah Forest disease (a mosquito-transmitted viral disease endemic to certain regions of southern Asia), used a frequency-emitting device with numerous frequencies in an attempt to alleviate the clinical effects of the disease. The effects included severely debilitating arthritis-type conditions, and significant alteration of iron metabolism and levels in the blood. Lab results of blood iron levels and related factors are used by physicians to diagnose this viral disease. The patient was unable to work at his previous full-time job because of the disease. The iron level at the time of diagnosis was 10 $\mu\text{mol/L}$ (at the very bottom of reference range), and remained near that level after his initial use of the device and commonly-used frequencies. The debilitating arthritis symptoms likewise continued without positive resolution, indicating the frequencies being used were not efficacious. The patient had been suffering in this manner for 10 months. The first frequency protocol was then altered to consist of a “second resonant frequency” (as previously described in this application) for the full genome, along with additional “second resonant frequencies” relating specifically to the messenger RNAs of several active genes of the virus. After the frequency protocol was changed, the patient experienced nearly full clinical recovery within two weeks, complete recovery shortly thereafter, and was able to resume his normal full-time heavy physical activity. The recovery was later confirmed by an iron test at 21.7 $\mu\text{mol/L}$, which is in normal range. No other medical protocols were changed during the time that the DNA-related frequency program was used. The man remains fully recovered with complete and permanent absence of any disease symptoms. This case has been monitored for 5 years.

Example 2.

A healthy woman in her middle 30s was diagnosed with cervical cancer confirmed by presence of human papilloma virus, and underwent a hysterectomy procedure. Subsequent physical examinations showed continued presence of cancerous cervical lesions, and the patient was scheduled for a surgical procedure to remove them. Before that procedure took place, the patient had begun using a frequency emission device with numerous frequencies, in an effort to clear the condition. This initial effort did not result in successful clearance of the lesions. The frequency program was then altered to consist of a "second resonant frequency" (as previously described in this application) corresponding to the genome of human papilloma virus type 16. Six weeks after the commencement of use of the new frequencies, physical examination discovered a complete disappearance of all cervical lesions, and the surgery was cancelled. A subsequent blood test showed disappearance of the viral antibodies that had previously been present in the blood. Ongoing monitoring indicates continued absence of any cervical lesions. This case has been monitored for four years.

Example 3.

A middle-aged American man in his 30s had been diagnosed with AIDS, confirmed by HIV-1 viral load and CD4 cell counts. The use of various medical and integrative alternative protocols for a period of 6-7 years had been partially but not totally successful, and included use of frequency emission devices with various frequency programs. After a period of time the viral count gradually climbed to 220,000 copies/ml. The patient at this point in time began using a new set of frequencies, each of which consisted of a "second resonant frequency" (as previously described in this application) that corresponded to a specific gene component of the virus. There were no other changes initiated in his medical protocol at this time. Subsequent to the start and daily use of the new frequencies, a blood test three weeks later showed a virus count of 100 copies/ml. Another blood test three weeks afterwards reported a count of less than 50 copies/ml (the limit of sensitivity for that test). The latest and blood test (current to the date of this communication) shows a count of less than 50 copies/ml. This individual was not taking any anti-viral drugs during the period of time covering this report, and had not been taking any such

drugs for a period for 3.5 years prior to use of DNA-related frequencies as described in this application. This case continues to be carefully monitored.

Example 4.

In a case similar to example 3, an American woman diagnosed with AIDS confirmed by viral load and CD cell count lab tests. The patient has experienced a drop in viral load from 15,000 copies/ml to 80 copies/ml in a period of three months, using the same frequency program of “second resonant frequencies” as the person described in example 3. This case continues to be carefully monitored.

Example 5.

This example addresses a community outbreak of what physicians described as contagious shingles also resembling chickenpox (itching, painful, oozing and sometimes bloody lesions), spreading among both adults and children via physical contact. Some individuals had been suffering severe symptoms for a period of 2-3 months. Patients had been prescribed anti-viral and anti-inflammatory drugs, but the drugs did little if anything to resolve the affliction. Some patients in near desperation sought alternative assistance and commenced use of a frequency emission device. That device was programmed with a number of frequencies available from public sources. Those frequencies had partial effects on part of the symptoms in a few but not all individuals, however the effects were not permanent and did not resolve the affliction. The frequency program was later altered to consist of a “second resonant frequency” (as previously described in this application) correlating to the genome of human herpesvirus 3, which is the causative agent of chickenpox and shingles. The change in effect on the patients was immediately noticeable. For some individuals, especially the children, the itching and pain was largely resolved within 2-3 hours. For most others, the lesions were noticeably healing within 24-72 hours. A total of 30 individuals from the community were treated, and the outbreak was stopped. Many of the patients only needed one frequency session for the problem, and 7 of the more severely afflicted persons needed 2 or 3 sessions.

Example 6.

An elderly woman was hospitalized and diagnosed with a lung infection caused by the bacterium *Gordona sputi*, which became totally unresponsive to antibiotics or any other medical protocols. Her physicians told her they could do nothing more, advised her to prepare for death, and sent her home from the hospital. The woman began use of a frequency device using commonly available frequencies characterized by many reports as having anti-bacterial effects. The infection was not resolved and the illness continued. The program was then altered to consist of several "second resonant frequencies" (as previously described in this application) specifically correlated with important components of this bacteria (the genome has not been decoded, thus the frequency related to the full genome could not be used). The infection was cleared within a short time span (1-2 weeks), the woman completely recovered, and has never experienced a relapse. This case has been followed for 3-1/2 years.

Example 7.

A 50 year old woman employed as a nurse in a hospital acquired a herpesvirus infection via contact with a patient. The infection manifested as the condition known as Herpes Whitlow, caused by human herpesvirus 1, and manifested on her hands. As is characteristic of infections from this virus, the clinical lesions would appear and then slowly heal over a period of approximately 10 days. The woman had been suffering from this condition for 7 years, and occasionally made it difficult for her to work in her profession. At the time of the most recent outbreak of lesions, she began using a "second resonant frequency" (as previously described in this application) which relating to the genome of human herpesvirus 1. The lesions on her hands healed within three days, as compared to the customary 14 days healing time without use of this frequency determination method. The woman additionally stated that use of non-DNA-related frequencies (as described in this application) sometimes made the healing process take longer, than if she had done nothing at all.

Example 8.

Two American missionaries working in Africa had been fighting malaria infections on a continual basis, as is common in that region. Over a four-month period, they used a frequency emission device with numerous frequency sets. By the fourth month they were able to narrow down a successful outcome to a basic set of six numbers solely consisting of “second resonant frequencies” (as previously described in this application), that correlated with important nucleotide components of the causative organism *Plasmodium falciparum*. One specific result was seen in a man with the following history: day 1, a mid-morning initial Quantitative Buffy Coat test showed 89 malaria parasites per 200 white blood cells (WBCs), which is equivalent to 3,560 parasites per microliter of blood. Two sessions with the aforementioned “second resonant frequencies” were received by the individual later that morning and in the late afternoon. On day 2 at 8 am, the same blood test showed 10 malaria parasites per 200 WBCs (or 400 per microliter), which constitutes an 80% parasite count reduction within less than 24 hours. These results were re-checked at 9 am, with the count being 7 malaria parasites per 200 WBCs (or 280 per microliter). A different lab test performed at the same time (blood smear), gave a result of 5 malaria parasites per 200 WBCs (or 200 per microliter). A further blood smear re-test later that morning at a second medical facility gave a result of 0 (zero) parasites per 200 white blood cells. The man also reported complete cessation of clinical symptoms (fever, body aches, headache) that same day. Tests on day 3 at 10 am gave the following results: Quantitative Buffy Coat, 7 malaria parasites per 200 WBCs (280 per microliter); blood smear, 5 malaria parasites per 200 WBCs (200 per microliter). Importantly, no anti-malaria drugs were taken during this period of frequency sessions.

Similar reductions of malaria parasite levels along with cessation of clinical symptoms were seen in several other people after using the DNA-related “second resonant frequencies”. Because reinfection from mosquitoes is an ongoing problem, it is not expected that use of this non-invasive technology would produce a permanent malaria cure in humans; however, repeated use of relevant frequencies during episodes of reinfection could, according to the results shown above, significantly reduce levels of the parasitic organism, and eventually reduce the cycle of

reinfection in mosquitoes as well, if enough people were able to take advantage of the technology.

Brief comments on case studies

It should be noted that:

1. Case numbers 1, 2, 3, 5, 6, 7, and 8 demonstrated that desirable positive effects in laboratory and/or clinical results were achieved with DNA-related “second resonant frequencies” as calculated from the method presented in this application, as opposed to lack of such results with previously administered frequencies, thus proving specificity of action with the frequencies as calculated by the method shown in the application currently under consideration.
2. Case #4 (HIV-1) repeats the outcome shown in case #3 (also HIV-1), showing repeatability; and case #5 clearly demonstrates repeatability over a significant group of people with the same illness (n=30).
3. These cases reveal positive outcome against bacteria, viruses, and parasitic blood organisms, which indicates potential wide applicability to human disease conditions caused by those classes of pathogens.